

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
OFFICE OF CONSUMER AFFAIRS**

1100 Bank Street, Suite 100 • Richmond, VA 23219

Consumer Protection Hotline (800) 552-9963 or (804) 786-2042 • Fax: (804) 225-2666 • [www.vdacs.state.va.us](http://www.vdacs.state.va.us)

(Revised SEP 2004)

**CONSUMER COMPLAINT FORM**

**About the Office of Consumer Affairs**

- The Office of Consumer Affairs provides protection to consumers from fraud, deception, and illegal practices in the marketplace. The office is authorized by law to serve as the central clearinghouse for the evaluation, investigation or referral of complaints related to the advertisement, sale, or lease of goods and services that are intended for personal, family or home use.
- Our telephone counselors are available to assist you with any consumer questions you may have. The numbers to the Consumer Protection Hotline are (800) 552-9963 if calling from Virginia, or (804) 786-2042 if calling from the Richmond area or from outside Virginia. Our business hours are 8:15 a.m. to 5:00 p.m., Monday through Friday.

**Important information**

- This office does not offer legal advice, provide legal representation, or pursue matters in court on behalf of individual complainants.
- This office will not investigate complaints that are scheduled or have already been heard in a court of law, or complaints that are under investigation or have already been closed by the agency with proper jurisdiction.
- Before you fill out a complaint form, you should first determine if we are the office that is legally authorized to assist you. Certain complaints may be within the jurisdiction of other local, state, or federal offices. Our telephone counselors can help you make this determination, or you can check by yourself by using the feature labeled "What is the topic of your complaint?" in our Consumer Portal at [www.vdacs.state.va.us/consumers](http://www.vdacs.state.va.us/consumers).
- Once you verify that we are the proper office to which you should submit your complaint, please ensure that you include **COPIES** of any supporting documents you may have, such as contracts, invoices, receipts, etc. Do **NOT** send originals. Also, we do **NOT** need your Social Security Number or any other personal financial information not related to your complaint. Please mark out said information from any documents that you wish to send us. Failure to submit existing supporting documentation may delay processing of your complaint.

**Local offices of consumer affairs**

- The **City of Alexandria, Fairfax County** and the **City of Virginia Beach** all have their own locally operated offices of consumer affairs. If your complaint resulted from a transaction in any of these localities, you should contact the appropriate office directly.

***Alexandria Office of Consumer Affairs***

City Hall, P.O. Box 178, Alexandria, VA 22313. (703) 838-4350

***Fairfax County Department of Cable Communications and Consumer Protection***

12000 Government Center Parkway, Suite 433, Fairfax, VA 22035. (703) 222-8435

***Virginia Beach Consumer Affairs Division***

Judicial Center, Building 10B, 2425 Nimmo Parkway, Virginia Beach, VA 23456. (757) 426-5836

### **The courts system**

- Certain complaints can only be resolved through the courts. These complaints typically arise from transactions between private individuals where no business or merchant is involved, or from transactions involving products or services that are intended for business or commercial use.
- You should consider seeking legal advice before you pursue matters through the courts. If you do not have an attorney, you may contact one through the Virginia Lawyer Referral Service at (800) 552-7977 or (804) 775-0808. You may also wish to contact your local legal aid society.

### **What happens to your complaint once we receive it?**

- We will review your complaint, log it into our computer system, and assign a case number to it. We will notify you by mail of our initial course of action or recommendation. Your complaint may be assigned to a staff member within this Office, or it may be referred to the local, state, or federal office that has proper jurisdiction. In some instances, if a negotiated settlement cannot be achieved, we may advise you to consider pursuing your case through the courts.
- All complaints are subject to a 30-day follow up process. When you contact us, please have available your case number, the name of the staff member who may have been assigned to your case, and any new relevant information you may have.

### **Disclaimers**

- By signing the Consumer Complaint Form, you authorize those agencies to which we may refer your complaint to evaluate your case on the basis of the information provided in said form, to contact you, and to take whatever actions those agencies deem appropriate to attempt to resolve your complaint.
- Closed complaints will stay in our files for three years from the date of closure and will then be destroyed.
- Closed complaints are subject to public disclosure under the provisions of the Virginia Freedom of Information Act, Virginia Code Section 2.2-3700 et seq. For this reason, we ask that you do not provide us with your Social Security Number or with any other personal financial information not related to this complaint.
- The information requested on the official Consumer Complaint Form, and all subsequent requests by this Office for additional information, are subject to the Government Data Collection and Dissemination Practices Act, Virginia Code Section 2.2-3800 et seq.

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➤ **SECTION 1 - Your Information**

Mr. Mrs. Ms.	Last name	First name	Mid. Initial
Mailing address			Apt. or suite number
City		State	Zip code
Country, if not US			
Home number, including area code (      )		Work number, including area code (      )	
Fax number, including area code (      )			
City or county of residence		Your e-mail address	
If necessary, should we contact you at home, work or by e-mail?		If necessary, best time to reach you between 8AM and 5PM?	

➤ **SECTION 2 – Name of Company Against Which You Are Complaining**

Full name of company			
Mailing address			Office or suite number
City		State	Zip code
Country, if not US			
Company's Internet address (URL)			
Telephone number incl. area code (      )		Fax number, including area code (      )	

➤ **SECTION 3 - Complaint Information**

Type of product, item, or service involved		Date of purchase, service, contract, etc	
Manufacturer or brand		Model	
Serial number			
Did you sign a contract or a lease? Yes [    ] or No [    ]	If yes, please indicate the following:	Starting date:	Expiration date:
Total amount paid	Total amount in dispute	How was payment made? (cash, credit card, check)	
Did you buy an extended service contract? Yes [    ] or No [    ]	If yes, name of company responsible for extended service contract or extended warranty		

➤ **SECTION 4 – Additional information for MOTOR VEHICLE complaints**

Type of vehicle (automobile, boat, motorcycle, etc)		Did you buy it new or used?	For personal or commercial use?
Manufacturer, make or brand		Model	Year
Vehicle Identification Number (VIN)			
<b>• For complaints involving the purchase or lease of a motor vehicle:</b>			
Did the dealer arrange the financing? Yes [    ] or No [    ]	If yes, name of bank, financial institution, or loan company		
<b>• For complaints involving repairs or service to a motor vehicle:</b>			
Type of repairs or service performed: (Air conditioner, brakes, muffler, oil change, transmission, etc.)			
Before any work was performed, did you ask for and receive a written copy of the cost estimate?			Yes [    ] or No [    ]
Did you authorize any changes to the original estimate?		Yes [    ] or No [    ] If yes, provide details on the next page	
Were the completed repairs different from what you had authorized?		Yes [    ] or No [    ] If yes, provide details on the next page	

For official use only. Complaint Number: \_\_\_\_\_

(Continued)

➤ **SECTION 5 - Full Description of Complaint - Use additional sheets if necessary**

( Use additional sheets if necessary )

➤ **SECTION 6 - Resolution Attempts You Have Made**

Have you contacted the company? Yes [ ] or No [ ]	If yes, name of person most recently contacted	Their phone number, incl. area code ( )
Results		
What resolution would you consider mutually fair?		
List any other organizations you have contacted (i.e. Other consumer protection offices, Better Business Bureau, etc)		
Do you have an attorney in this case? Yes [ ] or No [ ]	If yes, name of your attorney	Attorney's number, incl. area code ( )
Has your complaint been heard or is it scheduled to be heard in court? Yes [ ] or No [ ] If yes, where and when?		

➤ **SECTION 7 – Disclaimers and Affidavits**

- The information requested on this form and on any subsequent requests for additional information are subject to the Virginia Government Data Collection and Dissemination Practices Act, Va. Code Section 2.2-3800 et seq.
- All information provided to this Office is available for public inspection under the Virginia Freedom of Information Act, Va. Code Section 2.2-3700 et seq., except in the case of ongoing investigations. Closed complaints will be retained for three years after closure and then destroyed.
- By signing this form, you authorize the Office of Consumer Affairs and any other local, state or federal agencies to which we may refer your case, to evaluate your complaint, to contact you and to take whatever lawful actions are deemed appropriate in your case.
- By signing this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail to Office of Consumer Affairs, 1100 Bank St., Suite 100, Richmond, VA 23219 or fax to (804) 225-2666